

Chapter 3 - Supplemental Foods

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SUPPLEMENTAL FOOD PRESCRIPTIONS

Local agency CPAs prescribe authorized supplemental foods in appropriate quantities, taking into consideration a participant's age and dietary needs. Supplemental foods means those foods containing nutrients determined by nutrition research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants, and children. These supplemental foods promote the health of the WIC participant as indicated by relevant nutrition science, public health concerns, and cultural eating patterns. The amounts of supplemental food prescribed must not exceed the maximum quantities specified in this chapter.

Authorized Foods

Authorized Foods

The following foods are authorized for use in participant food package prescriptions in the year 2000. The authorized food list may change from time to time, so it is best to check the current list for possible changes, particularly for items such as cereals. Some foods, such as UHT or goat's milk, are authorized only when specified on the warrant.

Salmon and Tuna

Canned Salmon or Tuna (Fully breastfeeding Women Only)

Canned pink salmon in 14.75 ounce can.

Canned white, light, dark, or blended tuna packed in oil or water, including solid and solid pack, chunks, flakes, and grated. No albacore or white tuna.

Carrots

Carrots (Fully Breastfeeding Women Only)

Fresh, frozen or canned. Plain, with no added ingredients like sauces or herbs.

Cereal

Cereal

See current food list.

No single serving boxes.

Cheese

Cheese

American

Cheddar

Colby

Colby jack

Monterey Jack

Mozzarella

Muenster

Swiss

Low sodium, low fat allowed. No cheese food, product or spread. No individually sliced, except for American. No shredded, grated, imported, deli, or flavored cheese. No single wrapped. No organic cheese.

Dry Beans

Dry Beans or Peas

Dry beans, lentils, or peas such as split peas, mung, navy, garbanzo, pinto, lima, black, kidney, soy, and black-eyed peas. Combinations (mixed bean packs) are authorized. No bulk dry beans, peas or lentils are authorized.

Eggs

Eggs

Small, medium or large eggs. No brown eggs, no low-cholesterol eggs, no organic eggs. No Egglands Best or Free Range eggs are authorized.

**Infant
Cereal**

Infant Cereal

Iron-fortified infant cereal in 8 or 16 ounce boxes only. Beechnut, Heinz and Gerber brands only. No cereal with fruit added or single serving boxes are authorized.

**Infant
Formula**

Infant Formula

Iron-fortified, concentrated, powdered, or ready-to-feed contract formulas as printed on WIC warrants. Non-contract formula is authorized only if printed on warrant. No low iron unless printed on the warrant.

Juice

Juice

See current food list.
100% fruit juice only.

Milk

Milk

Whole fresh milk
Skim milk/Nonfat milk/Fatfree milk
Low fat milk (1% lowfat, light, 2% reduced fat)
Evaporated skim milk
Evaporated whole milk
Non-fat dry milk
Low-fat dry milk
Acidophilus milk
Lactose-reduced milk
Calcium-fortified milk
Calcium and protein fortified milk
Buttermilk
UHT milk (only when printed on warrant)
Goat's milk (only when printed on warrant)

Milk must be fortified with vitamins A and D.

**Peanut
Butter**

Peanut Butter

Any brand. Low-sodium, low-sugar varieties are authorized. No low-fat, or added marshmallows, jelly or honey. No organic peanut butter.

FOOD AUTHORIZATION STANDARDS

Federal regulations specify minimum requirements for foods to be authorized for WIC Food Packages. The Alaska WIC Program has established additional standards to further define authorized foods.

Food Authorization Standards

The standards are intended to provide guidance in authorizing additional foods, maintaining or decreasing food costs, and assuring that WIC authorized foods promote health as supported by current scientific literature.

All forms of an authorized product marketed under a manufacturer's label must meet all standards. If a similar, non-qualifying product is marketed along with a qualifying product, creating undue potential for confusion, the qualifying product will not be authorized. An exception may be authorized if the disqualification of a product would create an unnecessary hardship for participants.

The product form or marketing approach must not be obviously inconsistent with the promotion of good nutrition or education.

The product must be commercially and widely available in Alaska.

Carrots

Carrots

Raw, canned, or frozen carrots containing only the mature root of the carrot plant packed in water.

No added sauce, herbs, spices or other ingredients.

Cereal

Cereal

Cold cereals and hot cereals are authorized for food packages. The authorized food list will include a variety of grains such as corn, oat and wheat.

Selections will be made based on the specific standards listed below. If more than the maximum number of cereals meet the standards, selection will be made from those with the lowest cost.

Sugar: A maximum of 21.2 gm. sucrose and other sugars per 100 gm. dry cereal or 6 gm. sugar per ounce.

Fortification: Fortification is permissible, but not required, of any number of added nutrients up to and including, but not exceeding 100 percent of the RDA for that nutrient.

Iron: 28 mg. iron/100 gm. dry cereal or 8.5 gm. iron per ounce (45% of the RDA per ounce serving for non-pregnant, non-lactating women).

Preservatives: Only those recognized as safe in the Food and Drug Administration's GRAS (Generally Recognized As Safe) list with be authorized.

Artificial Colors and Flavors: No artificial colors and flavors.

Sodium: Less than 350 mg. of sodium per ounce serving. (This level equals 17.5 percent of a 2,000 mg. sodium diet.)

Fiber: The National Cancer Institute Guidelines for fiber will be followed. A minimum of approximately 50 percent of the authorized cereals will be rich or moderately rich sources of food fiber according to the National Cancer Institute Guidelines.

Packaging: Cereal must be prepackaged; no bulk cereals are authorized. No single serving containers are authorized. Cereal weight must be in whole numbers.

Cheese

Cheese

Cheeses must be domestic and pasteurized. Low sodium, low fat varieties are authorized. Brick cheese is authorized. No variety pack cheeses. No combination packages are authorized because of cost. For example, a single combination package of one pound cheddar cheese and one pound Monterey jack is not authorized.

Cheeses and similar products which are **not** authorized are:

Cheese spread
Cheese food
Yogurt
Cheese mixed with other foods such as pimento, salami, or flavored cheeses.

Tofu
Cream Cheese
Cottage cheese

Imported, gift packed, individually wrapped, variety packed cheeses or combination packages, deli cheeses, deli slices.

Dry Beans & Peas

Dry Beans and Peas

Plain dry mature beans and peas are authorized. This includes lentils, split peas, navy, garbanzo, soy, pinto, black, kidney, lima, black-eyed peas, combination packages, and mung beans. No flavored bean or pea mixes are authorized.

Packaging: Only one pound pre-packaged units are authorized. No bulk dry beans may be purchased because of the problems encountered at the check-out stand when participants do not weigh out a one pound container of bulk beans before checking-out, often because of the lack of convenient scales.

Eggs

Eggs

Eggs are acceptable in whole form or dry mix.; small, medium or large white eggs only. "Low cholesterol", brown or organic eggs are not authorized.

Infant Cereal

Infant Cereal

Iron fortified infant cereal, Beechnut, Heinz and Gerber brands only. No infant cereals with added fruit are authorized.

Packaging: No single serving boxes are authorized.

Infant Formula

Infant Formula

Iron-fortified, concentrated, powdered, or ready-to-feed complete formula not requiring the addition of any ingredients other than water prior to being served in a liquid state, and which contains at least 10 milligrams of iron per liter of formula at standard dilution which supplies 67 kilocalories per 100 milliliters i.e., approximately 20 kilocalories per fluid ounce of formula at standard dilution. Non-iron fortified formulas and specialty formulas authorized only if printed on warrant.

Juice

Juice

Single strength or concentrated frozen or pourable concentrate fruit juice. Fruit punches, nectar, cocktails, or juices in cartons or unpasteurized bottles are not authorized. Juice mixes and fresh squeezed juice are not authorized. Combinations of single strength and frozen concentrated juice may be purchased as long as the total volume does not exceed the amount specified on the warrant.

Selections are made based on the specific standards listed below.

Vitamin C: A minimum of 30 mg. of Vitamin C/100 ml (3 1/2 oz.) of single strength, reconstituted, or frozen concentrate juice.

Sweeteners: No natural or artificial sweeteners added.

Fortification: No fortification of juices other than with Vitamin C. For example, calcium fortification is not acceptable.

Sodium: Less than 50 mg. of sodium per 6 fluid ounce serving.

Packaging: Fluid juice must be packaged in a 46 oz. container. Frozen juice must be in a 12 oz. container. Containers must be easily and clearly

identified as fortified with 30 mg of vitamin C per 100 ml of juice. No glass containers are authorized.

Milk

Whole: Pasteurized fluid, evaporated, and dry whole milk containing 400 I.U. Vitamin D per quart.

Skim and Lowfat: Pasteurized fluid, evaporated, and dry skim and lowfat milk containing 400 I.U. Vitamin D and 2,000 I.U. Vitamin A per quart. These milks are not recommended for children under two years or for underweight participants.

Milk

Fortification: No fortified milks other than lactobacillus, protein, calcium, Vitamins A and D are authorized. Fortification with protein and/or calcium is acceptable due to the increased need of the population that WIC serves. Acidophilus and lactose reduced milks are authorized.

Sodium: Fewer than 175 mg. of sodium per one cup serving is required.

Vitamin D fortified, sterilized ultra high temperature (UHT) milk, such as Real Fresh or Stayfresh, is authorized when printed on the warrant.

Goat's milk, Meyenberg brand only, may be used. Ultra-pasteurized fluid whole goat milk with added vitamin D; UHT pasteurized fluid whole goat milk with added vitamin D; pasteurized, unsweetened, evaporated whole goat milk with added vitamin D and folic acid; and ultra-pasteurized fluid 1 percent lowfat goat milk with added vitamins A and D are authorized when printed on the warrant. Meyenberg powdered whole goat milk with added folic acid is not eligible for use in the WIC program.

Peanut Butter

Peanut Butter

Any brand of plain, smooth or chunky peanut butter is authorized. Low sodium, low sugar varieties are authorized. No added marshmallow, jelly, or honey.

Salmon

Salmon

Any brand of plain canned pink salmon.

Tuna

Tuna

Any brand of canned tuna: light, dark or blended, including solid and solid-pack; chunk, chunks and chunk style; flake and flakes; or grated. Plain tuna only. Albacore and white tuna are not authorized.

Seven Food Packages

FOOD PACKAGES

There are seven “food packages” available under the WIC Program which may be provided to participants. A food package is the maximum amount and types of foods which can be prescribed for a single participant per 28 to 31 day period. The authorized supplemental foods must be prescribed in these food packages according to the category and nutritional need of each participant.

The following are food packages and maximum quantities for a 28 to 31 day period for each category of participants:

Infants 0-4 Months - Food Package I

Food	Type	Amount
Formula	Powdered, or	8-14.3 oz cans or 10-12 oz cans or 9-12.9 oz cans
	Concentrated liquid, or	31-13 oz cans
	Ready-to-Feed (if need is documented)	25-32 oz cans

Infants 4-5 Months - Food Package II

Food	Type	Amount
Formula	Powdered, or	8-14.3 oz cans or 10-12 oz cans or 9-12.9 oz cans
	Concentrated liquid, or	31-13 oz cans
	Ready-to-Feed (if need is documented)	25-32 oz cans
Infant Cereal	Iron-fortified	24 oz

Infants 6-12 Months - Food Package II

Food	Type	Amount
Formula	Powdered, or	8-14.3 oz cans or 10-12 oz cans or 9-12.9 oz cans
	Concentrated liquid, or	31-13 oz cans
	Ready-to-Feed (if need is documented)	25-32 oz cans
Infant Cereal	Iron-fortified	24 oz
Juice	Single Strength Adult, or	2-46 oz cans
	Frozen Concentrated	2-12 oz cans

Children/Women with Special Dietary Needs - Food Package III

Food	Type	Amount
Formula	Powdered, or	8 – 14.3 or 10-12 oz. cans or 9-12.9 oz can*
	Concentrated liquid, or	31 - 13 oz. cans**
	Ready-to-Feed (if need is documented)	25 - 32 oz. cans***
Cereal****	Hot or cold	36 oz. dry
Juice	Single strength, or	3 - 46 oz. cans
	Frozen concentrate	3 - 12 oz. cans

Food Package III only:

* One additional 14.3 oz or 12 oz can or 12.9 oz can may be prescribed.

** Four additional 13 oz cans may be prescribed.

*** An additional 3-32 oz cans plus 1-8 oz. can may be prescribed. The additional amount of formula may be prescribed on an individual basis provided the need is demonstrated and documented in the participant's file by the CPA.

****Up to 36 ounces of iron-fortified infant cereal may be prescribed in place of adult cereal.

Children and women with special dietary needs may receive Food Package III if a health care provider determines that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of a formula. These conditions include but are not limited to, metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndrome and allergies. These supplemental foods should not be authorized solely for the purpose of enhancing nutrient intake or managing body weight of children and women participants. Documentation of the health care provider's determination of the need for a formula and the specific formula prescribed must be included in the participant's file.

Children 1-5 Years - Food Package IV

Food	Amount
Fluid whole, skim, low fat, UHT milk, lactose reduced, acidophilus, or calcium fortified, calcium & protein fortified milk, or	24 quarts or 12 half gal. or 6 gal.* (For categorical tailoring, 18 quarts, 9 half gallons, or 3 gallons)
Evaporated whole or skim milk, or	26 - 12 ounce cans** (For categorical tailoring, 24 cans)
Dry nonfat, lowfat milk, or whole milk, or	24 quarts fluid milk by label (For categorical tailoring, 18 quarts)
Goat's milk, evaporated, or	25 - 12 1/2 ounce cans (For categorical tailoring, 23 cans)
Cheese: American Processed, Cheddar, Mozzarella, Monterey Jack	May be substituted for fluid whole milk at the rate of 1 pound per 3 quarts of fluid whole milk. 4 pounds is the maximum

	amount which may be substituted, except in cases of documented lactose intolerance.
Eggs	2 & 1/2 dozen***
Cereals (hot or cold)	36 ounces
Juice - Single strength, or	6 - 46 ounce cans ***** For categorical tailoring, 4-46 ounce cans)
Frozen concentrate	6 - 12 ounce cans (For categorical tailoring, 4 – 12 ounce cans
Legumes: Dry beans or peas, or	1 pound
Peanut butter *****	18 ounces

*For children ages 1 to 3, food package IV that may be categorically tailored to reduce the amount of milk from 24 quarts to 18 quarts, 9 half gallons or 3 gallons. This can be done in order to comply with the U. S. D. A. food guide pyramid, to prevent obesity and to prevent anemia because some children may drink so much milk that they do not eat enough foods high and iron. Children with risks such as low-weight for stature, weight below the tenth percentile, failure to thrive and weight gain problems should have the full 24 quarts prescribed in food package IV. See the section on food package tailoring in this chapter for further information.

** 624 ounces (26 x 12 x 2) of reconstituted milk = 19.5 quarts, the maximum amount of evaporated milk permitted by federal regulations)

*** If 1/2 dozen or 2 & 1/2 dozen cartons are not available, the maximum quantity is 2 dozen.

Issuing 2 dozen eggs one 28 to 31 day period and 3 dozen the next period is not authorized.

**** Food Package IV may be categorically tailored to reduce the amount of juice from 288 ounces to 192 ounces. This can be done to comply with the American Academy of Pediatrics Policy Statement of May 2001, on the Use and Misuse of Fruit Juice in Pediatrics. Children with risks such as low-weight for stature, weight below the tenth percentile, failure to thrive and weight gain problems should have the full 288 prescribed in food package IV. See the section on food package tailoring in this chapter for further information.

***** For children ages 1 to 3, food package IV may be categorically tailored to provide beans only, not peanut butter, to reduce fat and risk of obesity, alleviate choking hazard for young children, and alleviate causing peanut allergies.

Pregnant & Breastfeeding Women (Basic) - Food Package V

Food	Amount
Fluid whole, skim, low fat, UHT milk, lactose reduced, acidophilus or calcium and protein fortified milk, or	28 quarts or 14 half gal. or 7 gal.
Evaporated whole or skim milk, or	30 - 12 ounce cans
Dry nonfat, lowfat milk, or whole milk, or	Combinations of packages to equal 28 quarts fluid milk by label
Goat's milk, evaporated or	29 12 1/2 ounce cans
Cheese: American processed, Cheddar, Mozzarella, Monterey Jack.	May be substituted for fluid whole milk at the rate of 1 pound per 3 quarts of fluid whole milk. 4 pounds is the maximum amount which may be substituted, except in cases of documented lactose intolerance.

Eggs	2 & 1/2 dozen*
Cereals (hot or cold)	36 ounces
Juice - Single strength, or	6 - 46 ounce cans
Frozen concentrate	6 - 12 ounce cans
Legumes: Dry beans or peas, or	1 pound
Peanut butter **	18 ounces

* If 1/2 dozen or 2 & 1/2 dozen cartons are not available, the maximum quantity is 2 dozen.

Issuing 2 dozen eggs one 28 to 31 day period and 3 dozen the next period is not authorized.

** Food package V may be categorically tailored to provide beans only, not peanut butter, to reduce fat and the risk of obesity. See the section on food package tailoring in this chapter for further information.

Non-Breastfeeding Postpartum Women - Food Package VI

Food	Amount
Fluid whole, skim, low fat, UHT milk, lactose reduced, acidophilus or calcium and protein fortified milk, or	24 quarts or 12 half gal. or 6 gal.
Evaporated whole or skim milk, or	26 - 12 ounce cans
Dry nonfat, lowfat milk, or whole milk, or	Combinations of packages to equal 24 quarts fluid milk by label
Goat's milk, evaporated	25 - 12 1/2 ounce cans
Cheese: American processed, Cheddar, Mozzarella, Monterey Jack.	May be substituted for fluid whole milk at the rate of 1 pound per 3 quarts of fluid whole milk. 4 pounds is the maximum amount which may be substituted, except in cases of documented lactose intolerance.
Eggs	2 & 1/2 dozen*
Cereals (hot or cold)	36 ounces
Juice - Single strength, or	4 - 46 ounce cans
Frozen concentrate	4 - 12 ounce cans

* If 1/2 dozen or 2 & 1/2 dozen cartons are not available, the maximum 30/31 day period quantity is 2 dozen. Issuing 2 dozen eggs one 28 to 31 day period and 3 dozen the next is not authorized.

Breastfeeding Women (Enhanced) - Food Package VII

Food	Amount
Fluid whole, skim, low fat, UHT milk, lactose reduced, acidophilus or calcium and protein fortified milk, or	28 quarts or 14 half gal. or 7 gal.
Evaporated whole or skim milk, or	30 - 12 ounce cans
Dry nonfat, lowfat milk, or whole milk, or	Combinations of packages to equal 28 quarts fluid milk by label
Goat's milk, evaporated	29 - 12 1/2 ounce cans
Carrots, plain - Fresh, Frozen, Canned	2 lbs fresh carrots. May be substituted with frozen carrots at a pound for pound rate or canned carrots at a rate of one 16-20 oz can of carrots per 1 pound fresh
Cheese: American processed, Cheddar, Mozzarella, Monterey Jack	1 pound. Additional cheese may be substituted for fluid whole milk at the rate of 1 pound per 3 quarts of fluid whole milk in cases of documented symptomatic lactose intolerance.
Eggs	2 & 1/2 dozen*
Cereals (hot or cold)	36 ounces
Juice - Single strength, or	7 - 46 ounce cans
Frozen concentrate	7 - 12 ounce cans
Fish: Pink salmon, plain canned, or	2 - 14.75 ounce cans
Tuna, plain - Packed in water	4 - 6.25 ounce cans.
Legumes: Dry beans or peas, and	1 pound. May be substituted for peanut butter at the rate of 1 lb. of dry beans or peas per 18 oz of peanut butter
Peanut butter **	18 oz.. Peanut butter may not be substituted for mature dry beans or peas at any rate

* If 1/2 dozen or 2 & 1/2 dozen cartons are not available, the maximum 30/31 day period quantity is 2 dozen. Issuing 2 dozen eggs one 28 to 31 day period and 3 dozen the next period is not authorized.

** Food package VII may be categorically tailored to provide beans only, not peanut butter, to reduce fat and the risk of obesity, and alleviate causing peanut allergies. See the section on food package tailoring in this chapter for further information.

The enhanced breastfeeding package may be prescribed for a breastfeeding woman instead Food Package V, if the woman's breastfed infant is **not** receiving any formula as a WIC benefit.

A woman who has been receiving Food Package VII may wish to temporarily provide WIC infant formula for her infant (e.g., if she experiences temporary difficulties in breastfeeding or if she or her infant has a temporary medical condition for which breastfeeding is contraindicated). Under these circumstances, the woman could temporarily receive Food Package V, so that her infant could receive WIC infant formula. The local agency should provide participant counseling and support so that the woman can resume breastfeeding successfully. She should be counseled on the effects formula supplementation may have on her breastmilk production. The amount of formula should be tailored to the infant's nutritional needs. Unexpired warrants issued for use by the

mother for Food Package V or VII should be collected by the local agency prior to issuing warrants for new food packages.

Food Package VII may be prescribed after delivery and prior to the six-week postpartum assessment in order to begin providing the breastfeeding mother with the additional items contained in Food Package VII in a timely manner.

MILK SUBSTITUTIONS IN FOOD PACKAGES**Milk
Substitutions**

Federal regulations permit the substitution of dry and evaporated forms of milk for fresh fluid milks in WIC food packages. Warrants for food packages containing a substitute milk, such as dry or evaporated, list the appropriate amount of the substitute milk which can be purchased. UHT milk is substituted quart for quart (1 quart fresh fluid milk = 1 quart UHT milk).

**Dry
Milk****Dry Milk Substitutions**

Dry milk is substituted at the rate of 1 pound of dry milk for 3 quarts of fresh fluid milk. Dry milk labels give the number of quarts which a package will make when mixed with the correct amount of water, as well as the weight of dry milk in the package. For the convenience of participants and vendors, Alaska WIC food packages as printed on warrants give the amount of dry milk in quarts rather than weight. For example, a participant is issued a warrant which lists 10 quarts of dry lowfat milk. She can redeem this warrant for a package which, according to the package label, will yield 10 quarts of fluid milk.

**Evaporated
Cow Milk****Evaporated Cow Milk Substitutions**

Evaporated cow milk is substituted at the rate of 13 fluid ounces of evaporated milk (as it comes in the can before water is added) for 1 quart of fresh fluid milk. This means that, if the evaporated milk is mixed with an equal amount of water, 26 ounces of evaporated milk is substituted for 1 quart (32 oz) of fresh fluid milk.

Evaporated milk comes in 12 ounce cans. The amount of evaporated milk in the various food packages is calculated by multiplying the number of quarts of fresh fluid milk allowable by 13 ounces (the substitution rate), and then dividing the result by 12 ounces (the number of ounces in a can of evaporated milk). For example, a food package allows 28 quarts of fresh fluid milk. To substitute evaporated milk, 28 (the number of quarts) is multiplied by 13 (the substitution number of ounces), and then divided by 12 (the number of ounces in a can). The result, 30, is the number of cans of evaporated milk which can be substituted for 28 quarts of fresh fluid milk.

**Evaporated
Goat Milk****Evaporated Goat Milk Substitutions**

Evaporated goat milk is also substituted at the rate of 13 fluid ounces of evaporated milk (as it comes in the can before water is added) for 1 quart of fresh fluid milk. However, evaporated goat milk comes in 12.5 ounce cans. The amount of evaporated goat milk in the various food packages is calculated by multiplying the number of quarts of fresh fluid milk allowable by 13 ounces (the substitution rate), and then dividing the result by 12.5 ounces (the number of ounces in a can of evaporated goat milk). For example, a food package allows 28 quarts of fresh fluid goat milk. To

substitute evaporated goat milk, 28 (the number of quarts) is multiplied by 13 (the substitution number of ounces), and then divided by 12.5 (the number of ounces in a can). The result, 29, is the number of cans of evaporated goat milk which can be substituted for 28 quarts of fresh fluid goat milk.

Milk Substitution Table

Milk Substitutions in WIC Food Packages			
Fresh Fluid Milk and UHT	Dry Milk	Evaporated Cow Milk	Evaporated Goat Milk
1 quart	1 quart fluid by label	13 oz (1-12 oz can)	13 oz (1-12.5 oz can)
4 quarts	4 quarts fluid by label	52 oz (4-12 oz cans)	52 oz (4-12.5 oz cans)
12 quarts	12 quarts fluid by label	156 oz (13-12 oz cans)	156 oz (12-12.5 oz cans)
15 quarts	15 quarts fluid by label	195 oz (16-12 oz cans)	195 oz (15-12.5 oz cans)
16 quarts	16 quarts fluid by label	208 oz (17-12 oz cans)	208 oz (16-12.5 oz cans)
18 quarts	18 quarts fluid by label	234 oz (19-12 oz cans)	234 oz (18-12.5 oz cans)
19 quarts	19 quarts fluid by label	247 oz (20-12 oz cans)	247 oz (19-12.5 oz cans)
22 quarts	22 quarts fluid by label	286 oz (23 12-oz cans)	286 oz (22-12.5 oz cans)
24 quarts	24 quarts fluid by label	312 oz (26-12 oz cans)	312 oz (24-12.5 oz cans)
25 quarts	25 quarts fluid by label	325 oz (27-12 oz cans)	325 oz (26 12.5 oz cans)
28 quarts	28 quarts fluid by label	364 oz (30-12 oz cans)	364 oz (29 12.5 oz cans)

FOOD PACKAGE TAILORING

Tailoring Food Packages

Tailoring for nutritional reasons may be done for individual participants, and sometimes for categories of participants. This entails making changes to food types (e.g., milk vs. cheese), to food forms (e.g. low fat milk vs. whole milk), and to quantities of WIC foods. There is no requirement that each participant must be issued the maximum amount or all of the types of foods in each package.

Food package tailoring is done solely for nutrition reasons on an individual basis, to better meet the needs of participants.

Reasons for Food Package Tailoring

Tailoring may be done for the following reasons:

Reasons For Tailoring

- To reduce quantities of foods for individual participants, based on their nutritional needs (e.g., providing less milk, juice, and eggs to the one or two-year old than to the older child).
- To accommodate participant preferences (e.g., a participant is given peanut butter instead of beans, or quantities of foods are reduced due to participant choice).
- To accommodate household conditions (e.g., for the participant who does not have a refrigerator, powdered or UHT milk may be prescribed).
- To accommodate participant food intolerances or restrictions (e.g., provide more cheese and less milk for symptomatic lactose intolerance).

Examples of Individual and Categorical Tailoring

Categorical Tailoring

- Categorically tailor Food Package IV for children ages 1 to 3 to reduce milk from 24 to 18 quarts because 24 quarts is too much for many children ages 1-3, 24 quarts are not in line with the USDA food guide pyramid, may promote obesity, and may contribute to anemia because children drink so much milk that they do not eat enough foods high in iron. This tailoring should NOT be done for children with Risk Code 11: < 10th percentile weight for length or height, Risk Code 13: < 10th percentile length for age or height for age, Risk Code 14: failure to thrive or inadequate growth, Risk Code 16: prematurity, or Risk Code 17: small for gestational age.
- Categorically tailor Food Package IV for children ages 1 to 3, Food Package V for pregnant and breastfeeding women, and Food Package VII for breastfeeding women (enhanced) to provide beans only, not peanut butter, to reduce fat and risk of obesity, alleviate choking hazard for young children, and alleviate causing peanut allergies.
- Categorically tailor Food Package IV for children to reduce the amount of juice from 288 ounces to 192 ounces. This can be done to comply with the American Academy of Pediatrics Policy Statement of May 2001, on the Use and Misuse of Fruit Juice in Pediatrics. The policy states that the “intake of fruit juice should be limited to 4 to 6 ounces per day for children 1 to 6 years

old, and that children should be encouraged to eat whole fruits to meet their recommended daily fruit intake.” The policy further states that “Fruit juices are easily over consumed by young children because they taste good. They are conveniently packaged or can be placed in a bottle and carried around during the day. Because fruit juice is viewed as nutritious, limits on consumption are usually not set by parents. Like soda, it can contribute to energy imbalance. High intakes of juice can contribute to diarrhea, overnutrition or undernutrition, and development of dental caries.” This tailoring should NOT be done for children with Risk Code 11: < 10th percentile weight for length or height, Risk Code 13: < 10th percentile length for age or height for age, Risk Code 14: failure to thrive or inadequate growth, Risk Code 16: prematurity, or Risk Code 17: small for gestational age.

Tailoring Examples

- Determine the best time after three months of age to prescribe cereal to infants based on individual growth and developmental needs.
- Determine the types and amounts of foods a participant with special dietary needs should receive.
- Reduce the quantity of foods to the level that the participant is using.
- Determine for breastfed infants if supplemental feeds of formula are needed. For a breastfed baby, at six months, issue only juice and iron fortified cereal. Formula for supplementation may also be prescribed at mother's request. Formula supplementation should not be routinely offered.
- Encourage the selection of skim milk and low-fat cheese for obese women or participants with hyperlipidemia or other medical problems requiring decreased fat intake.
- Decrease the amount of milk for non-breastfeeding postpartum women to 15 quarts (would provide approximately 2 cups of milk each day) if the participant is not using the 24 quarts allowed in Food Package VI.
- For those participants whose dietary history shows a high salt intake, encourage them to decrease the salt in the WIC food package by selecting all milk, no cheese and the dry beans instead of peanut butter. If the participant selects cheese, she/he can be advised of the higher salt content of American cheese.
- For individuals determined by the CPA to be lactose intolerant, a larger quantity of cheese can be prescribed over the four pound limit. Enzyme tablets may also be recommended.
- Although lowfat and skim milk (dry, evaporated and fluid) are authorized for children 1 to 5 years of age, the use of lowfat or skim milk is not recommended for children under 2 years of age.

Cheese/Milk Substitutions

Substitutions may be made as follows:

- 1 pound cheese = 3 quarts fluid milk
- 1 reconstituted quart dry milk = 1 fluid quart milk

Cheese/Milk Substitutions

- 13 ounces of evaporated milk = 1 quart of fluid milk

Computer Food Packages

Computer Food Packages

Food packages are prescribed using the WIC computer system. There is no other authorized method of prescribing food packages. Each food package in the computer system contains the maximum amount and types of foods which can be prescribed for a single participant per 28 to 31 day period. Each computer food package is made up of several warrants, called “warrant types”. Each warrant type contains a list of the food types and amounts which may be redeemed using that warrant. Food packages and warrant types are given unique numbers in the computer system.

Most of the food packages in the new computer system are made up of four warrant types. One warrant type contains the bulk of the food items, for the major shopping trip of the month. The remaining three contain fresh milk and other heavy items for weekly shopping. Food packages which are most frequently prescribed statewide also have a three warrant type option in the computer system. If a participant’s family usually shops less than four times per month, this “three warrant” option should be selected. This will reduce the number of warrants which will have to be handled by the participant and processed through the warrant redemption system.

Food packages should be selected based on the nutritional needs and food preferences of each participant, and on family shopping habits. The food packages and warrant types can be viewed “on-line” in the computer system, or printed out as an index or complete listing of food packages. These listings should be used in making a decision on a food package prescription. The system contains hundreds of food packages which will meet the individual needs of most participants.

Homeless Food Package Prescriptions

Homeless Food Packages

Participants Residing in Temporary Shelters

WIC participants who have lost their normal place of residence due to disaster or eviction, or who are escaping from domestic violence, may be temporarily relocated to an emergency shelter or other temporary residence within their service area. Due to the nature of these shelters, cooking facilities, refrigeration, and acceptable storage areas may not be available. For WIC participants residing in temporary shelters, special consideration must be given to the issuance of supplemental food packages. The types of supplemental foods prescribed must take into account the cooking and storage facilities available to the participant while residing in the temporary shelter. Although the aim of any food package prescription is to provide the supplemental foods required by the participant to best meet individual nutritional needs, some modifications in both the types and amounts of foods

may be required in order to assure that the supplemental foods can be safely stored and used.

The following food packages are recommended:

**Infants 0-3
Months**

Infants 0 through 3 Months - Food Package I

If at all possible, breastfeeding should be encouraged as the easiest and safest way to feed the infant, given the possible lack of refrigeration and facilities for the proper sterilization of bottles that may exist at the temporary shelters. For those infants to be formula fed, powdered formula should be prescribed. The parent or guardian must be instructed to prepare only one bottle of formula at a time due to the lack of refrigeration.

In the event that both refrigeration and a means by which bottles and water can be properly sterilized are lacking, 8-ounce containers of ready-to-feed formula may be prescribed. Special education must be provided to the parent and/or caretaker to discard all formula remaining in the bottle at the end of each feeding due to the potential for the rapid growth of harmful pathogens.

Ready-to-feed, iron-fortified infant formula may be prescribed in the following amounts:

- One hundred 8 fluid ounce cans (4 six-packs per case) or;
- Twenty-five 32 fluid ounce cans (6 per case)

**Infants
4-12
Months**

Infants 4 through 12 months - Food Package II

Infants are eligible to receive iron-fortified infant cereal and juice in addition to infant formula, beginning at 4 months of age

Formula should be prescribed following the procedures described above for Food Package I. Due to a possible lack of adequate storage facilities, mothers should be instructed to purchase the juice allotment in individual 4 ounce containers. Fifteen four fluid ounce jars of infant juice may be prescribed. Three 8 ounce boxes of iron fortified infant cereal without fruit may be prescribed.

**Special
Dietary
Needs**

Children/Women with Special Dietary Needs - Food Package III

Powdered formula should be issued whenever possible, if the type of formula prescribed by the health care provider is available in a powdered form. Cereal and juice can still be prescribed in this food package. Three packages of six six-ounce cans or five packages of three eight ounce cartons of juice may be prescribed.

**Children
1-5 Years****Children 1 to 5 Years - Food Package IV**

Powdered, evaporated, or UHT milk may be prescribed. If proper refrigeration is lacking, eggs and fluid and evaporated milk must be excluded from the food package. The parent or guardian should be instructed on how to use powdered milk and the importance of preparing one glass at a time. UHT milk is available in one quart boxes and eight fluid ounce boxes. Local agencies are encouraged to prescribe the most economical UHT package sizes appropriate to the homeless individual's needs.

Special consideration must be given to the one to two year older child since skim or low fat milks are not recommended for this age group; unfortunately dry whole powdered milk is not widely available. Whole UHT milk may be prescribed.

A maximum of four pounds of cheese may be substituted for some of the milk, at the rate of one pound of cheese for three quarts of milk. Cheese should be prescribed in one-pound packages.

In place of eggs, peanut butter may be substituted at the rate of 24 ounces of peanut butter for two dozen eggs.

Cereal and juice can still be prescribed in this food package. Seven packages of six six-ounce cans of juice or eleven packages of three eight-ounce cartons of juice may be prescribed.

If a hot plate is not available for cooking, or if dry beans or peas would not be well accepted by the participant with cooking facilities, the purchase of peanut butter should be recommended in place of dry beans or peas. Peanut butter is not recommended in the food package of children under two years of age.

Four - 16 ounce cans (or 8 8-ounce cans) of plain mature beans, peas, or lentils may be substituted for one pound of dried legumes. Only canned, mature legumes may be prescribed in substitution for dried mature legumes. Immature varieties of legumes, such as those used in canned peas, green beans, snap beans, yellow beans, and wax beans are not authorized.

Pregnant and Breastfeeding Women- - Food Package V

If the participant does not have access to refrigeration, eggs and fluid and evaporated milk must be excluded from the food package. Powdered or UHT milk may be prescribed. The participant should be instructed on how to use powdered milk and the importance of preparing one glass at a time.

**Pregnant and
Breastfeeding
Women**

A maximum of four pounds of cheese may be substituted for some of the milk, at the rate of one pound of cheese for three quarts of milk. Cheese should be prescribed in one-pound packages.

In place of eggs, peanut butter may be substituted at the rate of 24 ounces of peanut butter for two dozen eggs.

Cereal and juice can still be prescribed in this food package. Seven packages of six six-ounce cans of juice or eleven packages of three eight ounce cartons of juice may be prescribed.

If a hot plate is not available for cooking, or if dry beans or peas would not be well accepted by the participant with cooking facilities, the purchase of peanut butter should be recommended in place of dry beans or peas.

Four - 16 ounce cans (or 8-8 oz cans) of plain mature beans, peas, or lentils may be substituted for one pound of dried legumes. Only canned, mature legumes may be prescribed in substitution for dried mature legumes. Immature varieties of legumes, such as those used in canned peas, green beans, snap beans, yellow beans, and wax beans are not authorized.

**Postpartum
Women**

Non-Breastfeeding Postpartum Women - Food Package VI

If the participant does not have access to refrigeration, eggs and fluid and evaporated milk must be excluded from the food package. Powdered or UHT milk may be prescribed. The participant should be instructed on how to use powdered milk and the importance of preparing one glass at a time.

A maximum of four pounds of cheese may be substituted for some of the milk, at the rate of one pound of cheese for three quarts of milk. Cheese should be prescribed in one-pound packages.

In place of eggs, peanut butter may be substituted at the rate of 24 ounces of peanut butter for two dozen eggs.

Cereal and juice can still be prescribed in this food package. Five packages of six six-ounce cans of juice or seven packages of three eight-ounce cartons of juice may be prescribed.

**Enhanced
Breastfeeding
Package**

Breastfeeding Women (Enhanced) - Food Package VII

If the participant does not have access to refrigeration, eggs and fluid and evaporated milk must be excluded from the food package. Powdered or UHT milk may be prescribed. The participant should be instructed on how to use powdered milk and the importance of preparing one glass at a time.

A maximum of four pounds of cheese may be substituted for some of the milk, at the rate of one pound of cheese for three quarts of milk. Cheese should be prescribed in one-pound packages.

In place of eggs, peanut butter may be substituted at the rate of 24 ounces of peanut butter for two dozen eggs.

Cereal, carrots, salmon or tuna, and juice can still be prescribed in this food package. Eight packages of six six-ounce cans of juice or thirteen packages of three eight-ounce cartons of juice may be prescribed.

If a hot plate is not available for cooking, or if dry beans or peas would not be well accepted by the participant with cooking facilities, the purchase of peanut butter should be recommended in place of dry beans or peas.

Four - 16 ounce cans (or 8 8-ounce cans) of plain mature beans, peas, or lentils may be substituted for one pound of dried legumes. Only canned, mature legumes may be prescribed in substitution for dried mature legumes. Immature varieties of legumes, such as those used in canned peas, green beans, snap beans, yellow beans, and wax beans are not authorized.

Incarcerated Women

**Incarcerated
Women**

It is the policy of the Alaska State WIC Program to provide incarcerated women with WIC outreach materials. These will be provided to each institution's nursing office for distribution to inmates.

Eligible infants and children of incarcerated women brought to WIC by their current legal guardian will receive standard WIC food packages.

Incarcerated pregnant or postpartum women will not receive WIC food packages as inmates are provided institutional meals and would not routinely have individual kitchen privileges. Outreach materials will include WIC address's and phone numbers to facilitate WIC contact after women are released.

FORMULA PRESCRIPTIONS

The use of powdered formula is to be encouraged. Infants receiving formula by mail will receive only powdered formula unless written documentation from the health care provider verifies the need for concentrate or ready-to-feed.

Non-contract and specialty formulas may be provided with a health care provider's determination of a medical or nutritional condition which necessitates the use of special formula. Documentation of the health care provider's determination of the need must be included in the participant's file.

Redemption of Warrants for Formula

Participants are required to redeem warrants for infant formula for the **full amount** of formula printed on the warrant. This is the only item on warrants with this requirement; participants may choose to redeem warrants for less than the full amount of any other item listed on the warrant. This is because the infant formula rebate contractor is billed for rebates based on the all of the formula printed on warrants. Participants should be asked to bring any unused formula to their WIC clinic, where it can be used as samples.

Formula on Warrants

Contract Formulas

The Alaska WIC Program strongly encourages breastfeeding of infants unless there are medical contraindications. Those infants who are not being exclusively breastfed are eligible to receive a limited amount of infant formula. If the infant is receiving any amount of formula as a WIC benefit, the breastfeeding mother may not be issued the Enhanced Breastfeeding food package. The formulas available to these infants are the current WIC contract milk based and soy based formulas.

Contract Formulas

The WIC Program is **not** required to issue a non-contract formula merely because a health care provider prescribes it. The prescription must be accompanied by an acceptable justification in order for it to be approved by the state agency.

Use of the contract formula earns several million dollars a year, and allows WIC to serve thousands more WIC participants per month in Alaska. Each time a non-contract formula is used, several other people are not able to receive WIC services.

Milk Based Formula

Milk Based Formula

Infants who spit up normal amounts of formula (dribbling 1-3 tablespoons at each feeding) or who are fussy or colicky (crying 1-3 hours/day is within the normal range) can continue to receive contract milk-based formula. Parents or caregivers of these infants will benefit from counseling by a registered dietitian, nutritionist, or nurse to assure that their infant is growing well on contract milk-based formula. Normal weight gain is the key to provide reassurance.

Soy Based Formula

Soy Based Formula

If the CPA determines that the infant does not tolerate a milk-based infant formula, the soy based formula can be provided. A description of the symptom(s) as well as the counseling provided while the infant was being fed a milk-based infant formula should be recorded in the participant's file.

Procedures For Non-Medicaid WIC Clients

Non-Contract Formulas

The Alaska WIC Programs provides infant formulas through a bulk purchasing contract which results in considerable savings of program funds. WIC encourages local agencies and healthcare providers to prescribe these WIC contract formulas when appropriate for formula-fed WIC infants. Substituting non-contract formulas costs the taxpayers and the WIC Program over ten times more than WIC contract formulas.

Non-Contract Formulas

However, the special needs of a small percentage of infants will require the use of an alternate formula. If a participant requires a formula other than one of the contract formulas due to a diagnosed medical condition, a health care professional who is licensed to write prescriptions (such as physician, physician's assistant, or nurse practitioner) in Alaska may request that it be issued by WIC. The request must be documented on the Alaska WIC & Medicaid Enteral Nutrition Prescription Request (ENPR) form included at the end of this chapter. Prescriptions written on prescription pads or made via telephone can no longer be accepted by WIC. This form provides the WIC program with the documentation needed to issue WIC warrants for the purchase of the substitute formula. Providers may give the completed form to the WIC participant or fax it to their local WIC agency. The request must be reviewed by a local agency RD or Nutritionist. It should then be forwarded to a state WIC office nutritionist for approval before warrants for the substitute formula are issued.

Formula Substitutions by Providers

Formula Substitution Recommendations from Health Care Providers

Substitutions of non-contract formulas are permitted only when the health care professional determines and documents that the WIC participant has been diagnosed with any of the conditions listed on the ENPR form. General symptoms such as fussiness, colic, spitting up, constipation, etc. cannot be accepted as a justification for a WIC non-contract formula substitution. While a health care provider and/or a parent or guardian may feel that a

**Formula
Challenges**

formula substitution is appropriate in some of these situations, WIC funding constraints limit the issuance of non-contract formulas to participants with serious medical conditions requiring the use of a substitute formula.

Unless medically contraindicated, or the patient is too ill or fragile to try other formulas, at least one of the WIC formulas must be tried for a minimum of three days before a substitute formula can be provided by WIC. The local agency should encourage the health care provider to challenge the participant with a similar (milk to milk, soy to soy) WIC contract formula for three days unless medically contraindicated or the participant is too ill or fragile to try other formulas, prior to prescribing a substitute non-contract formula.

Unfavorable reactions should be documented in the participant's file.

Exceptions to the challenge include diagnosed medical conditions such as PKU, cystic fibrosis, hyperlysinemia, maple syrup urine disease, or combined human, cow, and soy milk allergy. A trial of contract formula may be contraindicated for infants under six months of age who have been on a special formula since birth or who have the diagnosis of complications of prematurity or iron storage disease.

The substitute formula must be provided for six months only. After six months the participant must be rechallenged with one of the WIC formulas for a minimum of three days unless medically contraindicated. To continue the formula substitution after six months, a new form must be sent to the WIC clinic by the health care provider.

**State
Agency
Approvals**

State Agency Approvals

Prior to the issuance of warrants for the purchase of any non-contract formula, approval must be obtained from the state agency. Requests should be made to the WIC Nutritionist or the MCH Nutrition Coordinator. Requests can be made and approved by telephone, but must be followed by a written request. If unable to contact the WIC Nutritionist or the MCH Nutrition Coordinator after office hours or on weekends and the justification for request is valid, i.e. diagnosis is one of the conditions listed on the form, the local agency should issue a one month's supply and follow up with a written request to be sent to the state agency Anchorage office on the following business day. Requests which are incomplete, without an original signature, or with a diagnosis which does not meet the criteria listed on the formula substitution form will not be approved.

**Non-
Contract
Formula
Disapprovals**

Disapprovals of Health Care Provider Recommendations

The WIC Program is not required to issue a substitute non-contract formula merely because it is prescribed by a health care provider. While the WIC Program strives to honor all recommendations by health care providers, the need to contain program costs makes it necessary to limit the issuance of substitute non-contract formulas by WIC to participants with serious medical conditions requiring the use of alternate formulas. The prescription must be

accompanied by an acceptable justification in order for it to be approved by the state agency.

If, after evaluating a health care provider's request for a non-contract formula substitution, the local agency RD or nutritionist determines that there is no apparent intolerance or health condition contraindicating the issuance of a WIC contract formula, or that the problem is apparently due to improper formula dilution, feeding or storage, the health care provider's recommendation should not be followed. The RD or Nutritionist should contact the health care provider to inform him or her of the circumstances of the decision. The RD or Nutritionist should explain that while there may be a need for a substitution and WIC does not question the clinical judgment of the health care provider, because of cost constraints WIC policy limits formula substitutions to serious medical conditions.

After consulting with the provider, the RD or Nutritionist may subsequently determine that there is sufficient justification for the prescription for the substitute formula, although this has not been documented on the Alaska WIC & Medicaid Enteral Nutrition Prescription Request Form sent to the local agency by the provider. This additional justification can be documented on the form by the RD or Nutritionist, and then be sent to the state agency. State agency nutrition staff may be consulted as needed in situations in which health care providers question the WIC non-contract formula substitution policy.

Appropriate counseling should be offered to the parent or guardian and documented in the participant's file when requests for formula substitutions are denied. Warrants for an appropriate WIC contract formula should be issued to the participant's parent or guardian.

Documentation

The WIC RD or Nutritionist should document her/his evaluation of the health status of any child for whom a substitute non-contract formula is prescribed, in reference to appropriate height and weight for age and whether the child is making progress towards developmental milestones of growth and development. Concerns in this or any other area found during the initial evaluation should be noted in the "Alaska WIC & Medicaid First Health Use Only" section of the WIC Formula Substitution form, before it is sent to the state agency. A copy of the form should be placed in the participant's file.

Local agencies that do not electronically submit Enteral Nutrition Prescription Requests, are required to keep a record of all non-contract formula prescribed for WIC infants on the Non-Contract Formula Authorization Log included at the end of this chapter or run report 432 from Alaska WIC. A copy of the log or report should be attached to the local agency Quarterly Report, and sent to the state agency. Local agencies should

**Non-Contract
Formula
Documentation**

**Procedures for
Medicaid
WIC Clients**

keep their non-contract formula issuance rate at 5% or less of the total number of formula prescriptions.

Medicaid Client Procedures

Give WIC Medicaid participants a copy of the Alaska WIC Enteral Nutrition Prescription Request Form (ENPR) and a list of the Medicaid Durable Medical Equipment (DME) providers included at the end of this chapter. Mail ENPR form and the DME providers list to WIC-Medicaid participants who receive WIC benefits by mail. Coordinate with a Rural WIC CPA or a Health Aide in their community to help with the ENPR form.

Tell participants to:

- Get the ENPR completed by their doctor, physician's assistant or a nurse practitioner **only**. The ENPR completed by nutritionist and/or registered dietitian is not acceptable.
- Select a Medicaid DME provider. Alaska Medicaid recipients have the right to choose their Medicaid DME provider. The contact phone numbers for First Health Services Corporation are (907) 339-1932 or toll free number 1-800-780-9972.
- Submit a completed ENPR to their selected Medicaid DME provider.
- Submit a completed ENPR to the WIC Local Agency.
- Notify the WIC LA immediately when Medicaid authorizes the ENPR. WIC shall discontinue issuing any further special/medical formula, once Medicaid starts providing it.
- Choose their Medicaid DME provider. It is their responsibility to make arrangements with their chosen Medicaid DME provider to ensure they receive the prescribed special/medical formula on time.

Submit the ENPR to the State WIC office for review. After the State Nutrition Services WIC office approves the ENPR, issue approved ENPR for up to six months, allowing ample time for the Medicaid authorization process.

To issue ENPR Warrants in Urban and Rural, WIC LAs need to consider:

- When unable to find a Food Package Number for the special/medical formula in the Alaska WIC (AKWIC) computer system, create a "Wild Card" and **mail warrants** to the Mail-Out Vendor (MOV).
- Urban and Rural WIC-Medicaid participants who do not have access to WIC authorized vendors to buy special/medical formula will receive it through the Mail-Out Vendor (MOV), until Medicaid authorizes their ENPR.

WIC LA are to provide the appropriate nutrition assessment and counseling. WIC will not reimburse a WIC vendor or a Medicaid DME provider for the cost difference beyond the Medicaid covered cost.

**(DME)
Provider
Responsibilities**

Durable Medical Equipment Provider

The selected Medicaid DME provider:

- Submits the ENPR to the First Health, an organization that reviews, processes, and pays DME provider claims on behalf of Alaska Medicaid.
- Notifies the WIC-Medicaid participant about their ENPR First Health's authorization or denial.

First Health

First Health is responsible for:

- Evaluating the ENPR for authorization or denial.
- Notifying Medicaid DME providers about ENPR authorizations or denials.
- Faxing the ENPR authorizations or denials to the State WIC Nutrition Services office.

First Health Responsibilities

State WIC

State WIC Nutrition Services is Responsible for:

- Maintaining a file of First Health's ENPR authorizations or denials of WIC-Medicaid participants.
- Inform WIC LAs about First Health's WIC-Medicaid participants ENPR authorizations or denials decisions, as soon as they are faxed into the State Nutrition Services office, in order to prevent duplication of benefits.

State WIC Nutrition Services Responsibilities

Clients Not Choosing Medicaid for Payment of Medical Foods

For clients that choose not to pursue Medicaid for payment of their medical foods, the client should be encouraged to participate in Medicaid and have Medicaid pay for their non-contract formula. WIC cannot deny participants benefits.

Clients That Choose Not to Pursue Medicaid

Set monthly warrants issuance for Medicaid eligible WIC clients who choose not to pursue obtaining their special non-contract formulas via Medicaid. The monthly issuance schedule provides Medicaid eligible WIC clients opportunities to obtain their non-contract special formulas via Medicaid, by choosing a Durable Medical Equipment (DME) provider who requests approval to First Health.

To maintain clear medical documentation, include the circumstances as to why Medicaid was not the payor of first resort either in the Family Comments field on the Demographic screen or in the Certification Notes on the Certification screen in the computer.

Low Iron Formulas

Low Iron Formulas

Low iron formula must not be issued except for certain documented medical conditions such as thalassemia, idiopathic hemochromatosis, or surgical conditions which compromise iron absorption. Low iron formula cannot be issued for constipation. Low iron formula may also be approved for premature infants for whom a health care provider has written a prescription.

Local agencies are encouraged to challenge these infants with iron-fortified formula when deemed appropriate by the health care provider. Long-term use of low-iron formula is not encouraged. Term infants need a dietary source of iron by 4-6 months of age; premature infants at about 2 months.

Weaning Formulas

Follow-up and Weaning Formulas

Standard infant formulas meet the nutritional requirements of the older infant. Thus, follow-up or weaning formulas do not offer any nutritional advantage over standard infant formulas.

Specialty Formulas

Specialty Formulas

Refer to the infant formula composition tables at the end of this chapter for detailed information on specialty formulas. The specialty infant formulas authorized by the WIC Program are indicated on these tables.

The following information must be in the participant's file:

- WIC Formula Substitution Form
- WIC Formula Substitution Form Instructions
- Address and telephone number of the health care provider

Medical documentation of the need for the formula is required. This may be a letter from the health care provider explaining the need for the formula, or a copy of the pertinent information from the client's medical record, or documentation by a registered dietitian.

The following information must be in the participant's file:

- A prescription for the formula written by a physician, physician's assistant, or nurse practitioner. The name of the formula must be on the prescription.
- Medical documentation of the need for the formula, and duration of need.
- Address and phone number of the health care provider.

Issuance of specialty formula must be documented on the Non-Contract Formula Authorization Log form, included at the end of this chapter.

Adult Specialty Formulas

Adult Specialty Formulas

The following adult specialty formulas are approved by the WIC Program for issuance in Food Package III:

Ensure
Magnacal
Vivonex
Traumacal
MCT Oil

**Non-
Contract
Formula
Orders by
Mail**

Ordering Non-Contract Formulas by Mail

If a local vendor does not stock a special formula prescribed for a participant, and the local vendor is unable to order it for the participant in a timely manner, it may be necessary for a local agency to order the formula by mail. Such formulas may be ordered from the Mail Order Vendor, using the following procedure:

1. Obtain approval from the state agency WIC Nutritionist or her alternate for prescribing the formula.
2. If there is a food package in the new WIC computer system for the special formula, order it from the Mail Out Vendor through the computer system.
3. If there is no food package in the new WIC computer system for the special formula, use the "Wild Card" option in the new system to print a set of warrants for one month's amount of the special formula. Divide the prescription into a sufficient number of warrants so that the \$150.00 limit per warrant will not be exceeded. The state agency can assist with estimating the cost of the formula. Do not fill in the "Actual Amount of Sale" block on the warrant(s).
4. Fax the order to the Mail Order Vendor, and then mail the warrants by Certified Mail to the Mail Out Vendor. The Mail Out Vendor will mail the formula to the participant.

Call the state agency Vendor Coordinator and request that a new food package be developed for the formula which has been prescribed. State agency staff will develop the new package for the system so that it is available for placing orders for the special formula with the Mail Order Vendor after the first month's order. This new special formula food package will then be available for use by all local agencies with participants who need this formula.

**Formula
Samples**

Formula Samples

At the initial certification, local agencies should stress to each parent or guardian that WIC provides supplemental food only. WIC does not provide the total amount of food an infant needs. Local agencies must not provide samples to tide participants through until the next set of warrants are issued. Local agencies should minimize the visibility of samples at the clinic. Samples are limited to 3-16 or 4-12 oz cans powder or 6-13 oz cans concentrate formula per infant per certification period.

Acceptable reasons for issuance of sample formula include:

**Reasons
for Using
Formula
Samples**

- When formula warrants have already been cashed but the health care provider subsequently determines a change of formula is indicated and the participant's parent or guardian cannot purchase it immediately with WIC warrants. The local agency should require that the original previously prescribed formula already purchased with WIC warrant(s) be returned to the WIC clinic before issuing a warrant for a new formula.
- When formula or WIC warrant had been damaged due to house fires, flood, etc.
- When an applicant has to wait weeks for WIC application or appointment and whose family is in extreme financial difficulty. The family should also be referred to the Food Stamp Program.
- When a family will miss picking up their next warrants and must postpone their appointment due to unavoidable circumstances; e.g. they must travel for emergency purposes to a distant health care facility.
- When a family is unable to obtain formula at local stores due to weather constraints affecting shipment and delivery of WIC items or whose formula does not arrive from the food mail-out vendor.
- When a mother has to stop breastfeeding for a very short period of time due to medical reasons (e.g. drug therapy).

Issuance of sample formulas must be documented on the Sample Formula Issuance Log form included at the end of this chapter. A copy of the log should be attached to the local agency Quarterly Report, and sent to the state agency

**Ordering
Sample
Formula**

Formulas are ordered quarterly by local agencies from the state agency, using the Formula Sample Order form included at the end of this chapter. The amount of sample formula available is limited by the infant formula rebate contract. Excessive use of samples by local agencies may result in samples not being available during the entire period of the contract. The amount of sample formula ordered by a local agency may be decreased by the state agency when there has been excessive use or the amount of sample formula available is limited.

**Returning
Formula**

Return and Reissuance of Formula

In a limited number of cases, a parent or guardian may redeem formula warrants only to have the health care provider subsequently change the infant to a different formula. Since WIC vendors are not allowed to either accept the return of supplemental foods or permit the exchange of supplemental foods, the local agency should accept the return of all unused formula and issue warrants for the new formula. The local agency must document the return of the original formula and the reason for the issuance of different

formula in the participant's file. This documentation, as well as documentation of the health care provider's determination for special formula, low-iron fortified, or soy formula and the specific formula prescribed, must be included in the participant's file. Accountability of the returned formula must be maintained by the local agency, whether this includes documentation of its donation to an emergency food pantry or distribution to other participants as samples.

Enteral Nutrition Prescription Request (ENPR)

WIC Local Agency and Clinic _____

1. Client Name _____ DOB _____
 Parent's/Caregiver's Name: _____
2. Enteral Nutrition Prescription Formula Requested: _____
 Duration of Use (Up to 6 months per request) _____
3. Results of trial of ENFAMIL, ENFAMIL SOY, LACTOFREE or Cow's Milk for Children
- Formula Name: _____ Date Started: _____ Date Ended: _____
 Reactions: _____
 - Formula Name: _____ Date Started: _____ Date Ended: _____
 Reactions: _____
4. Medical Diagnosis ICD-9-CM¹ (at least one must be circled or written in space provided)

Infants and Children

- a. Failure to Thrive (783.4)
- b. Inadequate Growth (783.4)
- c. Prematurity (765.1)
- d. Anemia (281.9)
- e. Nutrient Deficiency Diseases (269.9)
- f. Severe Gastrointestinal Disorders (536.9)
- g. Malabsorption Syndromes (579.9)
- h. Genetic-Congenital Disorders (740-759)
- i. Metabolic Disorders or Inborn Errors of Amino Acid Metabolism (277.9)
- j. Infectious Diseases (001-139)
- k. Food Allergies (693.1)
- l. Milk, Soy or Corn Allergies (693.1)
- m. Celiac Disease (579.0)
- n. Lactose or sucrose intolerance (271.3)
- o. Heart/circulatory or respiratory diseases (390-459 or 460-519)

- p. Persistent Asthma (493.9)
- q. Gastroesophageal Reflux (530.81)
- r. Iron storage disease (e.g. chronic hemolytic disease, hemochromatosis, thalassemia) (275.0)
- s. Persistent dermatological condition (692.9)
- t. Anaphylactic shock (995.60-995.69)
- u. Other Medical Conditions (ICD-9 _____)
- v. Developmental Sensory/Motor Delays (783.4)
- w. Fetal Alcohol Syndrome (760.71)

Pregnant/Breastfeeding Women

- a. Low Maternal Weight Gain (646.8)
- b. Maternal Weight Loss During Pregnancy (783.2)
- c. Hyperemesis Gravidarum (643.0)
- d. Gestational Diabetes (648.8)
- e. Multifetal Gestation (651)
- f. Other Medical Conditions (ICD-9 _____)

5. Medical Provider's Name and Signature _____

Address, Phone (Print or Stamp) _____

Medical Provider Signature

Your signature verifies you've seen and evaluated the patient's nutrition, feeding problem(s) and symptoms, diagnosing a serious medical condition, as defined by (ICD-9).

"Nutrition Services and First Health Use Only"

*Average Estimation RDAs for Low Birth Weight Infant (120 kcal/kg/d)²; Full term 0-6 months (108 kcal/kg/d); 6-12 months (98 kcal/kg/d); 1-3 yr (102 kcal/kg/d); 4-6 yr (90 kcal/kg/d)³ (see back for instructions)

1 st month	Age _____	Ht /Lt (in) _____	Wt (kg) _____	Daily Caloric Needs _____ (kcal)
3 rd month	Age _____	Ht /Lt (in) _____	Wt (kg) _____	Daily Caloric Needs _____ (kcal)
6 th month	Age _____	Ht /Lt (in) _____	Wt (kg) _____	Daily Caloric Needs _____ (kcal)

Age	Average Weight Gain	Age	Average Weight Gain ⁴
Birth-1mo	1 lb 3 oz/mo	5-6mo	13 oz/mo
1-2mo	1 lb 11 oz/mo	6-12mo	9 ½ oz/mo 3 lb 10 oz/6mo
3-4mo	1 lb 1 oz/mo	12-59mo	2.7 oz/mo 1 lb/6mo
4-5mo	15oz/mo		

Nutrition Staff Initials _____ State Office Action: _____ Authorized _____ Denied _____ Incomplete

First Health Action Date: _____ Authorized _____ Denied _____ Mail to Family Nutrition Services _____

Enteral Nutrition Prescription Request (ENPR) Instructions

Health Care Professionals (Physicians, Physician Assistants or Nurse Practitioners)

If your patient has a serious medical condition, **as defined by** Medicode International Classification of Diseases 9th Revision (**ICD-9**) listed on the **ENPR**, health care professionals licensed to write prescriptions in Alaska (such as physicians, physician's assistants, or nurse practitioners) are able to complete an ENPR.

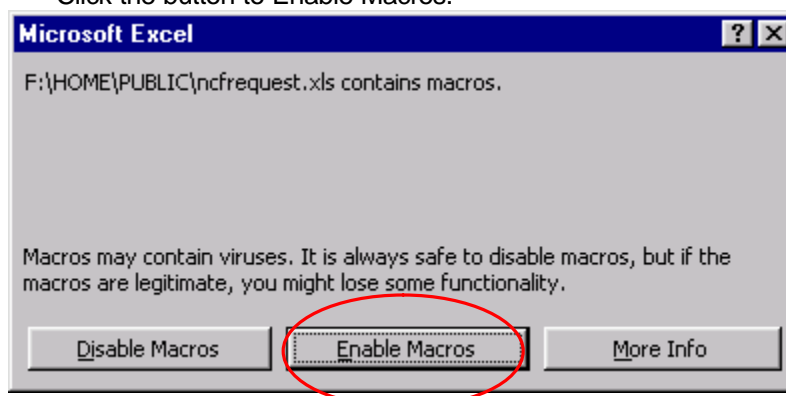
1. Complete sections 1 through 5 of the ENPR. Other Medical Conditions must have an ICD-9 code.
2. An **original signature** of health care professionals licensed to write prescriptions in Alaska (such as physician, physician's assistant, or nurse practitioner) is required.
3. Write or stamp your name, address and phone number.
4. Give the completed form to the parent or guardian to take to their WIC clinic and/or to a Durable Medical Equipment (DME) Medicaid provider; or fax it to the WIC clinic. You can also submit the ENPR via the internet at <http://hss.state.ak.us/ocs/nutri/WIC/about/about-applications.htm>
5. By signing this form, you are verifying:
 - You have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms.
 - The patient has a serious medical condition, as defined by (ICD-9).
 - The medical condition precludes the use of the WIC formulas – Enfamil with Iron, Enfamil Soy "Formerly Prosobee", or Lactofree.

WIC Local Agency Competent Professional Authority

1. **Verify that the ENPR is complete**
2. **For WIC participants who are on Medicaid, estimate clients' Daily Caloric Needs or Energy RDAs for the first, third and six months starting on the date of the ENPR.**
3. Use the American Academy of Pediatrics, Committee on Nutrition Average Estimation for RDAs and the Alaska WIC Risk Code Manual, USDA Risk 135 Inadequate Growth guidelines provided.
4. **Obtain weight in kilograms. If measurement is taken in pounds, convert ounces to a decimal value of a pound (each ounce is .0625 of a pound) and multiply by .454**
5. **Multiply weight in kg. by age appropriate Daily Caloric Needs or Energy RDA**

Procedures for Submitting a Non-Contract Formula Request

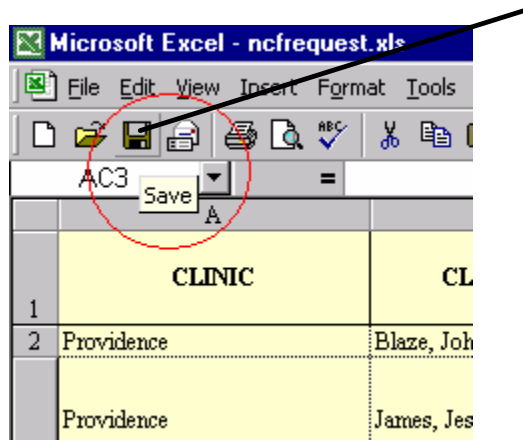
1. Open the Non-Contract Formula request spreadsheet(Provided by the State WIC office). The name of the file is **ncfrequest.xls**.
 - a. Always use a new, blank Non-Contract Formula request spreadsheet when submitting new requests
 - b. Upon opening, the spreadsheet will give a macro-warning window with three buttons. Click the button to Enable Macros.



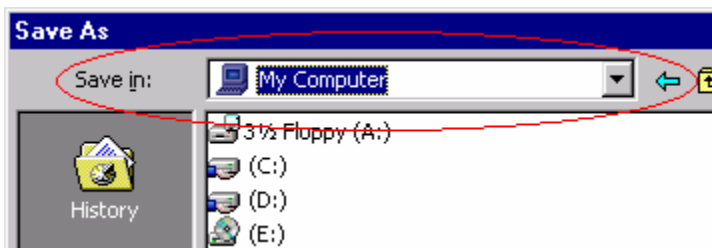
2. Fill in the necessary data for each client that the request is being made for. All of the data for one client will fill one row of the spreadsheet.
 - a. The columns to fill in on the spreadsheet follow the order of the Alaska WIC Non-Contract Formula Request Form (Rev. 2001).
 - b. Some of the columns to fill in use "drop-down lists." The data for these columns must be selected from the lists provided. "Drop-down list" columns include the following:
 - Clinic
 - Formula
 - Duration
 - Medical Diagnosis 1&2
 - Local Agency RD or Nutritionist's Evaluation
 - c. The spreadsheet must be filled out completely or it could possibly be returned as denied or incomplete.
3. In this step, enter as many clients on the spreadsheet as necessary.

Microsoft Excel - ncfrequest.xls					
File Edit View Insert Format Tools Data Window Help					
AC3 =					
	A	B	C	D	E
1	CLINIC	CLIENT NAME	Date of Birth	Parent / Caregiver Name	FORMUL
2	Providence	Blaze, John	01/01/2001	Blaze, Suzy	Calcilo XD
3	Providence	James, Jesse	01/01/2001	James, Elmer	Similac 20

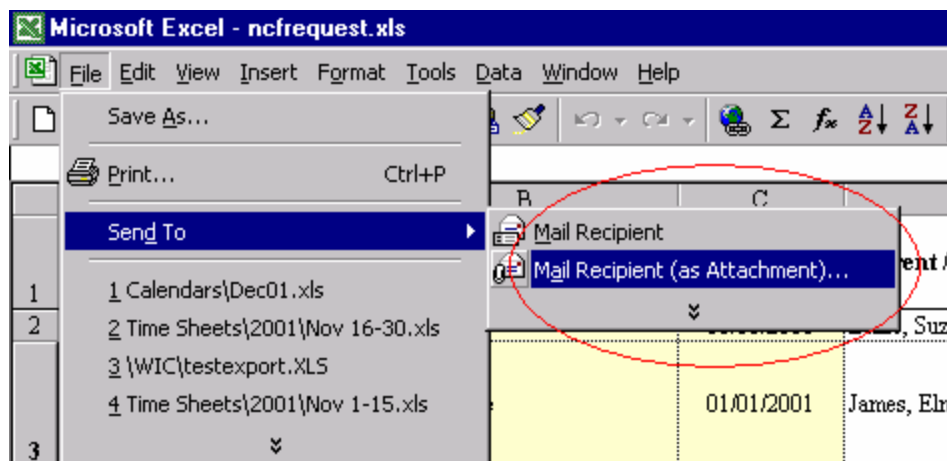
4. Once the data for each client is entered on the spreadsheet, local agencies can save the file.



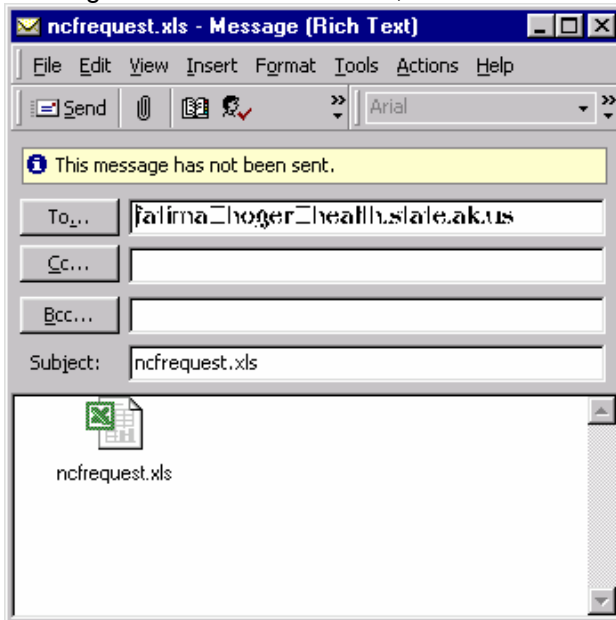
5. Be sure to pay attention to where you are saving the file on your computer



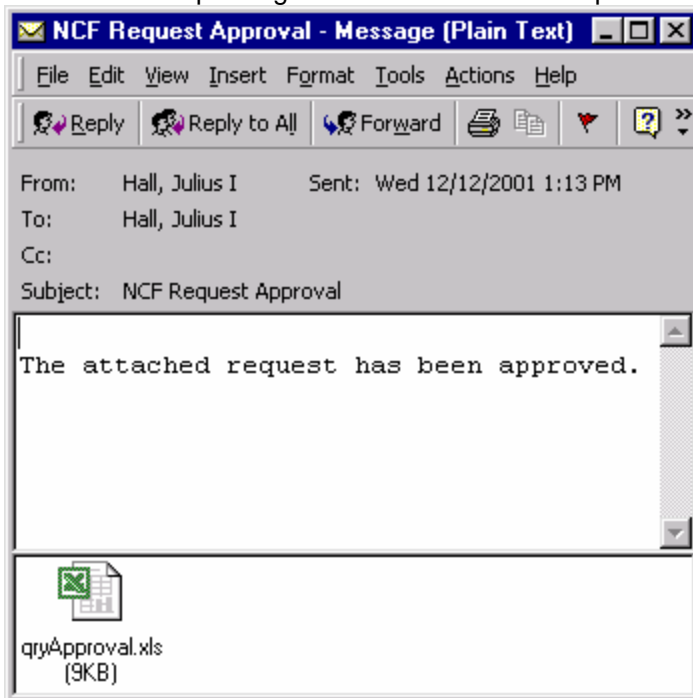
6. Once the file has been saved click **File** then **Send To** then **Mail Recipient (as attachment.)**



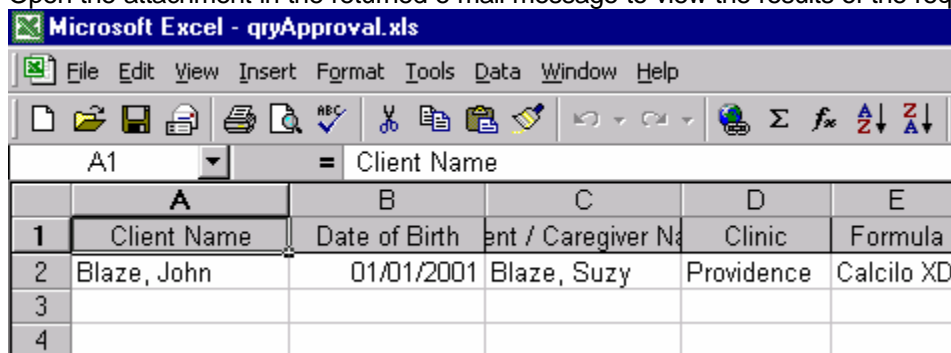
7. The default e-mail program will automatically open a new message to send. It is here that one can add notes or instructions with the e-mail. Make sure the e-mail message is addressed to Fatima Hoger at the State WIC office, then send it.



8. The message is sent to the State WIC office to be approved or denied. Upon approval/denial, an e-mail message with an attached file is returned to the local agency requesting a Non-Contract Formula
 - a. Local agencies will receive a separate response for each individual client that has a pending Non-Contract Formula request.



9. Open the attachment in the returned e-mail message to view the results of the request(s).



The screenshot shows a Microsoft Excel window titled "Microsoft Excel - qryApproval.xls". The menu bar includes File, Edit, View, Insert, Format, Tools, Data, Window, and Help. The toolbar contains various icons for file operations and data manipulation. The active cell is A1, and the formula bar shows "= Client Name". The spreadsheet has five columns labeled A through E. Row 1 contains headers: "Client Name", "Date of Birth", "ent / Caregiver Na", "Clinic", and "Formula". Row 2 contains data: "Blaze, John", "01/01/2001", "Blaze, Suzy", "Providence", and "Calcilo XD". Rows 3 and 4 are empty.

	A	B	C	D	E
1	Client Name	Date of Birth	ent / Caregiver Na	Clinic	Formula
2	Blaze, John	01/01/2001	Blaze, Suzy	Providence	Calcilo XD
3					
4					

10. The response spreadsheet is much like the request spreadsheet, but there is data added to the response for each client, such as what action was taken (approved, denied or incomplete), and the dates for when the request was received by the State WIC Office and when the review/response was made.

NON-CONTRACT FORMULA AUTHORIZATION LOG

[illegible]

FORMULOG.DOC

**ALASKA WIC PROGRAM
FORMULA SAMPLE ORDER FORM**

Requesting Agency: _____ **Date:** _____

Requested By: _____ **Phone:** _____

Send Samples To: _____

Attention: _____

Enfamil: **Powder** _____ **cases** **Concentrate:** _____ **cases**

Prosobee: **Powder** _____ **cases** **Concentrate:** _____ **cases**

Lactofree: **Powder** _____ **cases** **Concentrate:** _____ **cases**

Distribution: State WIC office
 Local WIC office

smpflrm.doc (WORD-Nove's disk)

1/97

[illegible]

Local Agency_____

COMPOSITION OF STANDARD INFANT FORMULA

Nutrients per 100 Calories

Product	Indications	Volume	Carbohydrate		Protein		Fat		Na	K	Ca	P	Mg	Fe	Osmolality
Manufacturer		ml	g	Source	g	Source	g	Source	mEq		mg				mOsm/kg H ₂ O
Cow's Milk-Based Standard Infant Formula															
*Enfamil 20 Mead Johnson	For feeding full-term infants or supplementing breastfeeding	150	10.9	Lactose	2.1	Whey & Nonfat milk	5.3	Palm olein, Soy, Coconut, & High-oleic sunflower oils	1.2	2.8	78	53	8	0.7	300
*Similac 20 Ross	For feeding full-term infants or supplementing breastfeeding	148	10.7	Lactose	2.14	Nonfat milk	5.40	Soy & Coconut oils	1.2	2.7	73	56	6	0.2 2	300
Hypercaloric Cow's Milk-Based Standard Infant Formula															
*Similac 24 Ross	For full-term infants requiring increase caloric density feedings	124	10.5	Lactose	2.71	Nonfat milk	5.27	Soy & Coconut oils	1.5	3.4	90	70	7	0.2 2	380
*Similac 27 Ross	For full-term infants requiring increase caloric density feedings	110	10.5	Lactose	2.71	Nonfat milk	5.27	Soy & Coconut oils	1.5	3.4	90	70	7	0.2 2	410
High-Iron Cow's Milk-Based Standard Infant Formula															
*Enfamil 20 with iron Mead Johnson	For full-term infants requiring a high-iron feeding: anemic mother, multiple birth, growing rapidly, or has lost blood	150	10.9	Lactose	2.1	Whey & Nonfat milk	5.3	Palm olein, Soy, Coconut, & High-oleic sunflower oils	1.2	2.8	78	53	8	1.8	300
*Similac 20 with iron Ross	For full-term infants requiring a high-iron feeding: anemic mother, multiple birth, growing rapidly, or has lost blood	148	10.7	Lactose	2.14	Nonfat milk	5.40	Soy & Coconut oils	1.2	2.7	73	56	6	1.8	300
*Similac 24 with iron Ross	For full-term infants requiring increased caloric density and high-iron feedings	124	10.5	Lactose	2.71	Nonfat milk	5.27	Soy & Coconut oils	1.5	3.4	90	70	7	1.8	380

* WIC approved

COMPOSITION OF PREMATURE INFANT FORMULA

Nutrients per 100 Calories

<i>Product</i>	<i>Indications</i>	<i>Volume</i>	<i>Carbohydrate</i>		<i>Protein</i>		<i>Fat</i>		<i>Na</i>	<i>K</i>	<i>Ca</i>	<i>P</i>	<i>Mg</i>	<i>Fe</i>	<i>Osmolality</i>
<i>Manufacturer</i>		<i>ml</i>	<i>g</i>	<i>Source</i>	<i>g</i>	<i>Source</i>	<i>g</i>	<i>Source</i>	<i>mEq</i>		<i>mg</i>				<i>mOsm/kgH₂O</i>
Premature Infant Formula															
*Enfamil Premature Formula 20 Mead Johnson	For rapidly growing LBW infants	150	11.1	Corn syrup solids & Lactose	3	Whey & Nonfat milk	5.1	MCT, Soy, & Coconut oils	1.7	2.6	165	83	6.8	0.2 5	260
*Similac Special Care 20 Ross	For rapidly growing LBW infants	148	10.6	Hydrolyzed cornstarch & Lactose	2.71	Nonfat milk & Whey	5.43	MCT, Soy, & Coconut oils	1.9	3.3	180	100	12	0.3 7	235
Hypercaloric Premature Infant Formula															
*Enfamil Premature 24 Mead Johnson	For rapidly growing LBW infants	125	11.1	Corn syrup solids & Lactose	3	Whey & Nonfat milk	5.1	MCT, Soy, & Coconut oils	1.7	2.6	165	83	6.8	0.25	310
*Similac Special Care 24 Ross	For rapidly growing LBW infants	124	10.6	Hydrolyzed cornstarch & Lactose	2.71	Nonfat milk & Whey	5.43	MCT, Soy, & Coconut oils	1.9	3.3	180	100	12	0.37	280
Similac Neocare Ross	For conditions such as prematurity	134	10.3	Corn syrup solids & Lactose	2.6	Nonfat milk & Whey	5.5	Soy, High- oleic safflower, MCT, & Coconut oils	1.4	3.6	105	62	9	1.8	290
High-Iron Premature Infant Formula															
*Enfamil Premature 20 with iron Mead Johnson	For rapidly growing LBW infants requiring a high-iron feeding	150	11.1	Corn syrup solids & Lactose	3	Whey & Nonfat milk	5.1	MCT, Soy, & Coconut oils	1.7	2.6	165	83	6.8	1.8	260
Similac Special Care 20 with iron Ross	For rapidly growing LBW infants requiring a high-iron feeding	148	10.6	Hydrolyzed cornstarch & Lactose	2.71	Nonfat milk & Whey	5.43	MCT, Soy, & Coconut oils	1.9	3.3	180	100	12	1.8	235
*Enfamil Premature 24 with iron Mead Johnson	For rapidly growing LBW infants requiring a high-iron feeding	125	11.1	Corn syrup solids & Lactose	3	Whey & Nonfat milk	5.1	MCT, Soy, & Coconut oils	1.7	2.6	165	83	6.8	1.8	310
*Similac Special Care 24 with iron Ross	For rapidly growing LBW infants requiring a high-iron feeding	124	10.6	Hydrolyzed cornstarch & Lactose	2.71	Nonfat milk & Whey	5.43	MCT, Soy, & Coconut oils	1.9	3.3	180	100	12	1.8	280

* WIC approved

COMPOSITION OF HUMAN MILK AND HUMAN MILK FORTIFIERS

Nutrients per 100 Calories

Product	Indication	Volume	Carbohydrate		Protein		Fat		Na	K	Ca	P	Mg	Fe	Osmolality
Manufacturer		ml	g	Source	g	Source	g	Source	mEq		mg				mOsm/kg H ₂ O
Human Milk															
Term	For growing infants; preterm, LBW infants may need fortifier	147	10.6	Lactose	1.54	Human milk (whey dominant)	5.73	Human milk	1.2	2.0	41	21	5.2	0.04	290
Preterm	For initial feedings; preterm, LBW infants may need fortifier	149	9.9	Lactose	2.09	Human milk (whey dominant)	5.82	Human milk	1.6	2.2	37	19	4.6	0.18	290
Human Milk Fortifier															
*Similac Natural Care Human Milk Fortifier Ross	For supplementing mother's milk for feeding rapidly growing preterm infants	124	10.6	Hydrolyze cornstarch & Lactose	2.71	Nonfat milk & Whey	5.43	MCT, Soy, & Coconut oil	1.9	3.3	210	105	12	0.37	280
Per 4 packets *Enfamil Human Milk Fortifier Mead Johnson	For supplementing mother's milk collected after 2 weeks postpartum for feeding rapidly growing premature infants	Calories 14	2.7	Corn syrup solids & Lactose	0.7	Whey & Na Caseinate	<0.1	Caseinate	0.3	0.4	90	45	1	None added	Varies

* WIC approved

COMPOSITION OF LACTOSE-FREE INFANT FORMULA

Nutrient per 100 Calories

Product	Indications	Volume	Carbohydrate		Protein		Fat		Na	K	Ca	P	Mg	Fe	Osmolality
Manufacturer		ml	g	Source	g	Source	g	Source	mEq		mg				mOsm/kg H ₂
Soy-Based Infant Formula															
*Alsoy Carnation	For potential sensitivity to cow’s milk protein, for when lactose should be avoided, or for vegetarian families	150	11.1	Corn maltodextrin & Sucrose	2.8	Soy protein isolate	4.9 5	Palm olein, Soy, Coconut, & High-oleic safflower oils	1.4	3.0	105	61	11.0	1.8	200
*Isomil 20 Ross	For potential sensitivity to cow’s milk protein, for when lactose should be avoided, or for vegetarian families	148	10.3	Corn syrup & Sucrose	2.4 5	Soy protein isolate & L-methionine	5.4 6	Soy & Coconut oils	1.9	2.8	105	75	7.5	1.8	230
*Isomil SF (Sucrose-Free) Ross	For potential sensitivity to cow’s milk protein, for when sucrose and lactose should be avoided, or for vegetarian families	148	10.1	Hydrolyzed cornstarch & Modified cornstarch	2.6 6	Soy protein isolate & L-methionine	5.4 6	Soy & Coconut oils	1.9	2.8	105	75	7.5	1.8	180
Isomil DF Ross	For short-term feeding for the dietary management of diarrhea	148	10.1	Corn syrup & Sucrose	2.6 6	Soy protein isolate & L-methionine	5.4 6	Soy & Coconut oils	1.9	2.8	105	75	7.5	1.8	240
*ProSobee Mead Johnson	For potential sensitivity to cow’s milk protein, for when lactose should be avoided, or for vegetarian families	150	10	Corn syrup solids	3	Soy protein isolate & L-methionine	5.3	Palm olein, Soy, Coconut, & High-oleic sunflower oils	1.6	3.1	105	83	11	1.8	200
*RCF Ross	For infants and children who are unable to tolerate the type and amount of CHO in conventional formula or milk	124	0.01	Selected by physician	4.9 5	Soy protein isolate & L-methionine	8.9 1	Soy & Coconut oils	3.1 8	4.6	173	124	12.4	3.0	9.8
Milk-Based, Lactose-Free Infant Formula															
*Lactofree Mead Johnson	For infants with suspected or diagnosed lactose intolerance or lactose deficiency	150	10.4	Corn syrup solids	2.2	Milk protein isolate	5.5	Palm olein, Soy, Coconut, & High-oleic sunflower	1.3	2.8	82	55	8	1.8	200

* WIC approved

COMPOSITION OF TODDLER FORMULA
Nutrients per 100 Calories

Products	Indication	Volume	Carbohydrate		Protein		Fat		Na	K	Ca	P	Mg	Fe	Osmolality
Manufacturer		ml	g	Source	g	Source	g	Source	mEq		mg				mOsm/kg H ₂
Cow's Milk-Based Toddler Formula															
*Carnation Follow-up Formula Carnation	For babies on solid foods 6-12 months old	150	13.2	Corn syrup solids & Lactose	2.6	Nonfat dry milk (casein dominant)	4.1	Palm olein, Soy, Coconut, & High-oleic safflower oils	1.7	3.5	135	90	8.4	1.9	326
*Next Step Toddler Formula Mead Johnson	Nutritional beverage alternative to cow's milk for children 12 months or older	150	11.1	Corn syrup solids & Lactose	2.6	Nonfat milk	5	Palm olein, Soy, Coconut, & High-oleic sunflower oils	1.8	3.3	120	84	8	1.8	270
Toddler's Best Ross	Nutritional alternative to cow's milk for children 12 months or older	148	11.9	Sucrose & Fructose	2.6	Nonfat milk	4.7	Soy oil	1.4	2.8	178	115	7.5	1.8	Not Available
*Kindercal Mead Johnson	Nutritionally complete formula for tube and oral feeding of children 1-10 years	96	12.8	Maltidextrin & Sucrose	3.24	Ca caseinate, Na caseinate, & Milk protein concentrate	4.2	Canola, MCT, Corn, & High-oleic sunflower oils	1.5	3.2	80	80	20	1.0	Not Available
*PediaSure Ross	Nutritionally complete formula for tube and oral feeding of children 1-10 years	100	11.0	Hydrolyzed cornstarch & Sucrose	3.0	Na caseinate & Whey protein concentrate	5.0	High-oleic safflower, Soy, & MCT oils	1.7	3.4	97	80	20	1.4	365 Chocolate 38
*PediaSure with Fiber Ross	Nutritionally complete formula for tube/oral feeding of children 1-10 yrs that may help normalize bowel function	100	11.3	Hydrolyzed cornstarch & Sucrose	3.0	Na caseinate & Whey protein concentrate	5.0	High-oleic safflower, Soy, & MCT oils	1.7	3.4	97	80	20	1.4	365 Chocolate 38
*RESOURCE Just For Kids Sandoz Nutrition	Nutritionally complete formula for tube and oral feeding of children 1-10 years	100	11.0	Hydrolyzed cornstarch & Sucrose	3.0	Na caseinate, Ca caseinate, & Whey protein concentrate	5.0	High-oleic sunflower, Soy, & MCT oils	1.7	3.3	114	80	20	1.4	390

*WIC approved

COMPOSITION OF INFANT FORMULA
Nutrients per 100 Calories

Product	Indications	Volume	Carbohydrate		Protein		Fat		Na	K	Ca	P	Mg	Fe	Osmolality
Manufacturer		ml	g	Source	g	Source	g	Source	mEq		mg				mOsm/kg H ₂ O
Protein Hydrolysate Infant Formula															
*Alimentum Ross	For infants with sensitivity to cow's milk protein or other intact protein, pancreatic insufficiency, severe malabsorption disorder, short gut, G.I. immaturity, cystic fibrosis, cholestasis, or severe pro-kcal malnutrition	148	10.2	Sucrose & Modified tapioca starch	2.75	Casein hydrolysate & L-cystine, L-tyrosine, L-tryptophan	5.54	MCT, Safflower, & Soy oils	1.9	3.0	105	75	7.5	1.8	370
*Carnation Good Start Carnation	For feeding full-term infants or supplementing breastfeeding	150	11.0	Lactose & Maltodextrin	2.4	Whey hydrolysate	5.1	Palm olein, Soy, Coconut, and High-oleic safflower oils	1.0	2.5	64	36	6.7	1.5	265
*Nutramigen Mead Johnson	For infants with sensitivity to cow's milk and other proteins, colic, diarrhea due to milk protein allergy, lactose and sucrose intolerance	150	11	Corn syrup solids & Modified cornstarch	2.8	Casein hydrolysate & L-cystine, L-tyrosine, L-tryptophan	5	Palm olein, Soy, Coconut, & High-oleic sunflower oils	2.0	2.8	94	63	11	1.8	320
*PrEgestimil Mead Johnson	For infants with sensitivity to cow's milk protein or other intact protein, pancreatic insufficiency, severe malabsorption disorder, short gut, G.I. immaturity, cystic fibrosis, cholestasis, or severe pro-kcal malnutrition	150	10.3	Corn syrup solids, Modified cornstarch & Dextrose	2.8	Casein hydrolysate & L-cystine, L-tyrosine, L-tryptophan	5.6	MCT, Corn, Soy, & High-oleic sunflower oils	1.7	2.8	94	63	10.9	1.88	320
Reduced-Mineral Cow's Milk-Based Infant Formula															
*Similac PM 60/40 Ross	For feeding infants predisposed to hypocalcemia or whose renal, digestive or cardiovascular functions would benefit from low mineral levels	148	10.2	Lactose	2.22	Whey protein concentrate & Na caseinate	5.59	Corn, Coconut, & Soy oils	1.0	2.2	56	28	6	0.22	280

* WIC approved

COMPOSITION OF SOY-BASED TODDLER FORMULA

Nutrients per 100 Calories

Products	Indication	Volume	Carbohydrate		Protein		Fat		Na	K	Ca	P	Mg	Fe	Osmolality
Manufacturer		ml	g	Source	g	Source	g	Source	mEq		mg				mOsm/kg H ₂ O
Soy-Based Toddler Formula															
*Follow-up Soy Carnation	Nutritional beverage for milk-sensitive children 12 months or older	150	12. 0	Corn maltodextrin & Sucrose	3.1	Soy protein isolate	4.4	Palm olein, Soy, Coconut, & High-oleic safflower oils	1.8	3.0	135	90	13. 0	1.8	200
*Next Step Soy Toddler Formula Mead Johnson	Nutritional beverage for milk-sensitive children 12 months or older	150	11. 8	Corn syrup solids & Sucrose	3.3	Soy protein isolate	4.4	Palm olein, Soy, Coconut, & High-oleic sunflower oils	2.0	3.9	115	90	8	1.8	260
Toddler's Best Soy-Based Ross	Nutritional beverage for milk-sensitive children 12 months or older	148	11. 8	Corn syrup & Sucrose	3.0	Soy protein isolate	4.4	Soy oil	2.0	2.8	106	75	7.5	1.8	Not Available

* WIC approved

REFERENCES

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Sandoz Nutrition. product information, 1996.

RESOURCES

Carnation
800 N. Branch Blvd.
Glendale, CA 91203
(800) 242-5200
(800) 628-2229

Mead Johnson Nutritionals
2400 West Llyod Expressway
Evansville, IN 47721-0001
(812) 429-5000
(812) 429-6199

Ross Product Division, Abbott Laboratories
625 Cleveland Ave.
Columbus, OH 43215
(614) 227-3333

Sandoz Nutrition
Minneapolis, MN 55416
(800) 999-9978